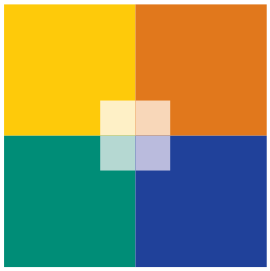
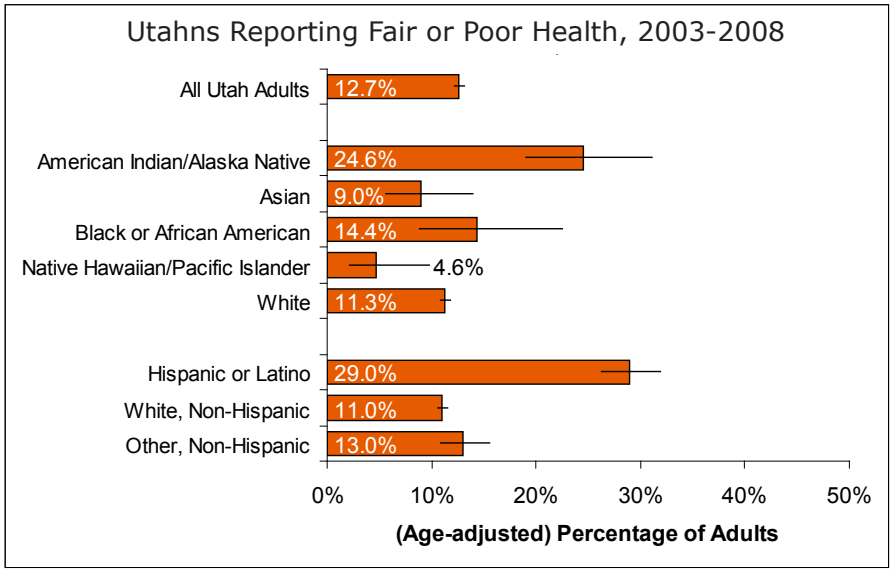
CHRONIC DISEASES AND CONDITIONS



Fair or Poor Health

Why Is It Important?
Self-rated health is an independent predictor of important health outcomes including mortality, morbidity, and functional status. It is considered to be a reliable indicator of a person's perceived health and is a good global assessment of a person's well being.[100]



How Are We Doing?

- From 2003-2008, 12.7% of Utah adults reported fair or poor general health status (age-adjusted rate).
- American Indian/Alaska Native and Hispanic/Latino Utahns had significantly higher rates of self-reported fair or poor health than all Utahns.
- Native Hawaiian/Pacific Islander and White, non-Hispanic Utahns had significantly lower rates of self-reported fair or poor health than all Utahns.

How Can We Improve?
An analysis of Utah fair/poor health data found that controlling for age, income, education, smoking, and obesity decreases the disparity between American Indian/Alaska Native and Hispanic/Latino Utahns and other Utahns, but does not eliminate it, implying that efforts to improve lifestyle choices combined with efforts to combat poverty and improve educational opportunity could greatly reduce disparities in self-reported fair or poor health. However, addressing these problems alone would not be enough to fully eliminate the health disparity.[101] The UDOH, Center for Multicultural Health (CMH) sponsors qualitative studies and community forums to assess other factors contributing to racial and ethnic health disparities and conducts projects to address these factors. A CMH study suggested that lack of health insurance coverage, cultural barriers, and racism in health care settings also contribute to health disparities in Utah. Multicultural study participants suggested ways to better address health disparities including teaching skills, being concise, using native languages, and involving community members and community-based organizations in health program planning and implementation.[13]

Percentage of Utah Adults (Age 18 and Over) Who Reported Fair or Poor Health, 2003-2008

Race/Ethnicity	Sample Size	Total Adult Population	Number in Fair/Poor Health	Crude Rate *(95% CI Range)*	Age-adjusted Rate* *(95% CI Range)*	Sig.**
All Utah Adults	29,889	1,781,429	210,947	11.8% (*11.4%- 12.3%*)	12.7% (*12.2%- 13.1%*)	n/a
American Indian/Alaska Native	341	23,796	5,512	23.2% (*17.3%- 30.3%*)	24.6% (*19.0%- 31.1%*)	↑
Asian	280	40,656	3,081	7.6% (*4.3%- 13.0%*)	9.0% (*5.6% - 14.0%*)	
Black or African American	131	19,213	2,658	13.8% (*8.3%- 22.1%*)	14.4% (*8.8% - 22.5%*)	
Native Hawaiian/Pacific Islander	111	12,877	605	4.7% (*2.1%- 10.2%*)	4.6% (*2.1% - 9.8%*)	↓
White	27,507	1,684,887	179,378	10.6% (*10.2%- 11.1%*)	11.3% (*10.9%- 11.8%*)	↓
Hispanic or Latino	1,944	176,650	44,270	25.1% (*22.4%- 27.9%*)	29.0% (*26.2%- 31.9%*)	↑
White, Non-Hispanic	26,747	1,517,124	157,947	10.4% (*10.0%- 10.9%*)	11.0% (*10.6%- 11.5%*)	↓
Other, Non-Hispanic	1,041	87,655	10,434	11.9% (*9.6%- 14.6%*)	13.0% (*10.8%- 15.6%*)	

Source: Behavioral Risk Factor Surveillance System. Population Estimates: UDOH Office of Public Health Assessment. Estimates are for average of 2005 and 2006 years.

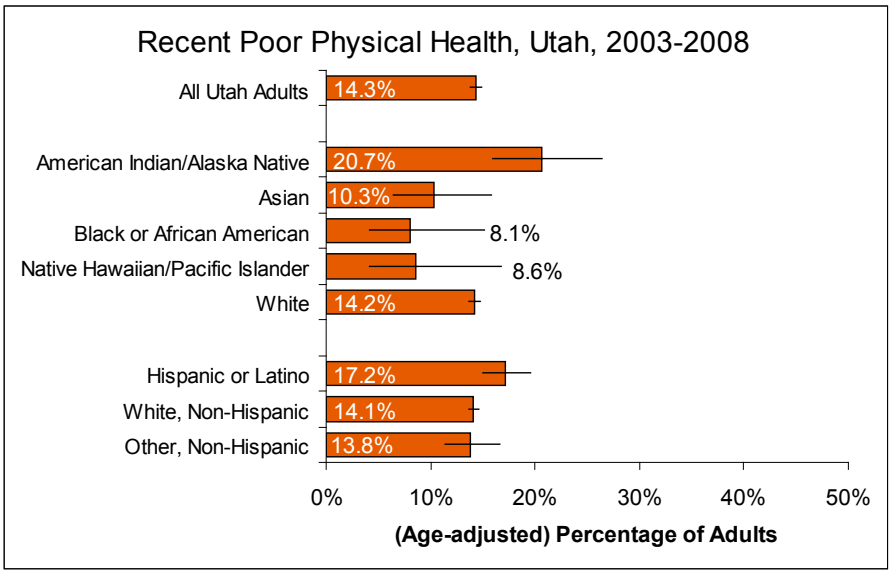
*Age-adjusted to the U.S. 2000 standard population

** The age-adjusted rate for each race/ethnic population has been noted when it was significantly higher (↑) or lower (↓) than the state rate.

Poor Physical Health Status

Why Is It Important?

General physical health status is the culmination of all the things that affect a person's health. A person may have had poor health because of an injury, an acute infection such as a cold or flu, or a chronic health problem. Physical health on the BRFSS survey is measured by the question, "Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?"



How Are We Doing?

- From 2003–2008, 14.3% of Utah adults reported seven or more days in the past 30 days when their physical health was not good (age-adjusted rate).
- American Indian/Alaska Native and Hispanic/Latino Utahns had significantly higher rates of self-reported poor physical health than all Utahns.

How Can We Improve?

Physical health is determined by a combination of genetic and biological processes, individual behaviors and lifestyle, and the environments in which people live. Achieving an absence of poor health days is only a step toward the goal of complete well being; according to the World Health Organization, "Health is a state of complete physical, mental and social well being and not merely the absence of disease or infirmity."[102] Regular physical activity is critically important for the health and well being of people of all ages, whether they participate in vigorous exercise or moderate physical activity. Even among frail and very old adults, mobility and functioning can be improved through physical activity. Contact UDOH, Check Your Health for health tips at 1-888-222-2542 and www.checkyourhealth.org. The UDOH, Center for Multicultural Health maintains the Multilingual Library, with health information in over 30 languages, at www.health.utah.gov/cmh/multilinguallibrary.htm.

Percentage of Utah Adults (Age 18 and Over) Who Reported Seven or More Days of Poor Physical Health in the Past Month, 2003-2008

Race/Ethnicity	Sample Size	Total Adult Population	# With Poor Phys Hlth	Crude Rate *(95% CI Range)*	Age-adjusted Rate* *(95% CI Range)*	Sig.**
All Utah Adults	29,437	1,781,429	244,675	13.7% (*13.2%- 14.3%*)	14.3% (*13.8% - 14.8%*)	n/a
American Indian/Alaska Native	327	23,796	4,583	19.3% (*14.4%- 25.3%*)	20.7% (*15.9% - 26.4%*)	↑
Asian	270	40,656	4,350	10.7% (*6.1%- 18.0%*)	10.3% (*6.5% - 15.9%*)	
Black or African American	131	19,213	1,681	8.7% (*4.2%- 17.2%*)	8.1% (*4.1% - 15.2%*)	
Native Hawaiian/Pacific Islander	109	12,877	1,259	9.8% (*4.7%- 19.1%*)	8.6% (*4.2% - 16.8%*)	
White	27,127	1,684,887	231,824	13.8% (*13.2%- 14.3%*)	14.2% (*13.7% - 14.7%*)	
Hispanic or Latino	1,900	176,650	24,186	13.7% (*11.9%- 15.8%*)	17.2% (*15.1% - 19.5%*)	↑
White, Non-Hispanic	26,376	1,517,124	208,201	13.7% (*13.2%- 14.3%*)	14.1% (*13.6% - 14.7%*)	
Other, Non-Hispanic	1,007	87,655	12,260	14.0% (*11.3%- 17.2%*)	13.8% (*11.5% - 16.6%*)	

Source: Behavioral Risk Factor Surveillance System. Population Estimates: UDOH Office of Public Health Assessment. Estimates are for average of 2005 and 2006 years.

*Age-adjusted to the U.S. 2000 standard population

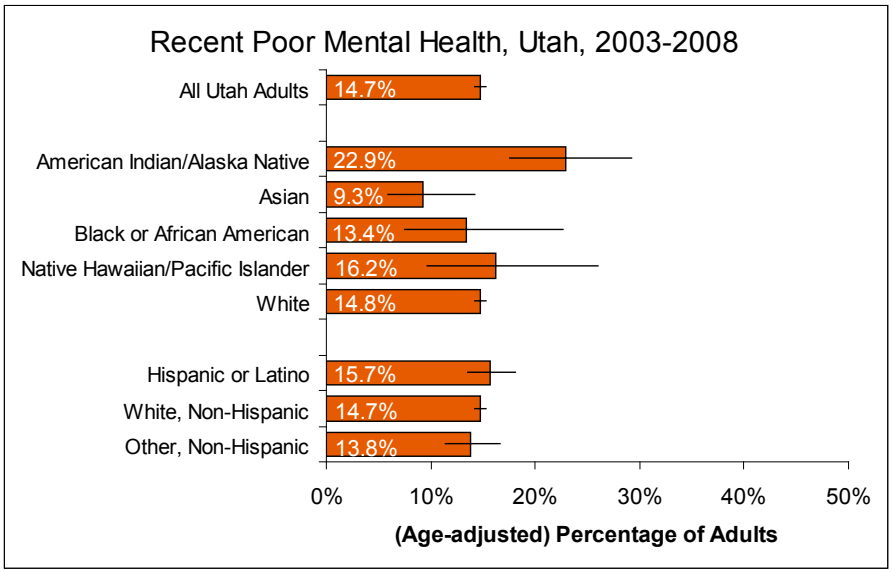
** The age-adjusted rate for each race/ethnic population has been noted when it was significantly higher (↑) or lower (↓) than the state rate.

Chronic Diseases and Conditions

Poor Mental Health Status

Why Is It Important?

Mental health is how we think, feel, and act as we cope with life. It also helps determine how we handle stress, relate to others, and make choices. Mental illnesses are common and include diseases such as depression, phobias, bipolar disorder, and schizophrenia.[103] Mental health on the BRFSS survey is measured by the question, "Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?"



How Are We Doing?

- From 2003–2008, 14.7% of Utah adults reported seven or more days in the past 30 days when their mental health was not good (age-adjusted rate).
- American Indian/Alaska Native Utahns had a significantly higher rate of self-reported poor mental health than all Utahns.
- Asian Utahns had a significantly lower rate of self-reported poor mental health than all Utahns.

How Can We Improve?

In 2001, the U.S. Surgeon General reported that compared with whites, minorities have less access to mental health services, are less likely to receive needed mental health services, often receive a poorer quality of mental health care, and are underrepresented in mental health research. Cultural differences must be accounted for to ensure that minorities receive mental health care tailored to their needs.[104] Medicines and therapy can improve the lives of most people with mental illnesses.[103] The Utah Department of Human Services, Division of Substance Abuse and Mental Health contracts with Community Mental Health Centers (CMHC) to provide mental health treatment services to seriously and persistently mentally ill adults and seriously emotionally disturbed children. Private mental health care providers and self-help groups can serve individuals who are experiencing mental health problems but are not eligible for CMHC services.

Percentage of Utah Adults (Age 18 and Over) Who Reported Seven or More Days of Poor Mental Health in the Past Month, 2003-2008

Race/Ethnicity	Sample Size	Total Adult Population	# With Poor Ment Health	Crude Rate *(95% CI Range)*	Age-adjusted Rate** *(95% CI Range)*	Sig.***
All Utah Adults	29,509	1,781,429	267,564	15.0% (*14.4%- 15.6%*)	14.7% (*14.2% - 15.2%*)	n/a
American Indian/Alaska Native	333	23,796	5,352	22.5% (*16.8%- 29.4%*)	22.9% (*17.5% - 29.3%*)	↑
Asian	273	40,656	3,739	9.2% (*5.4%- 15.2%*)	9.3% (*5.9% - 14.3%*)	↓
Black or African American	130	19,213	3,171	16.5% (*8.4%- 29.8%*)	13.4% (*7.5% - 22.7%*)	
Native Hawaiian/Pacific Islander	112	12,877	2,126	16.5% (*9.9%- 26.1%*)	16.2% (*9.6% - 26.0%*)	
White	27,191	1,684,887	253,230	15.0% (*14.4%- 15.6%*)	14.8% (*14.2% - 15.3%*)	
Hispanic or Latino	1,899	176,650	26,518	15.0% (*12.9%- 17.4%*)	15.7% (*13.6% - 18.1%*)	
White, Non-Hispanic	26,444	1,517,124	227,244	15.0% (*14.4%- 15.6%*)	14.7% (*14.2% - 15.3%*)	
Other, Non-Hispanic	1,014	87,655	12,952	14.8% (*11.9%- 18.2%*)	13.8% (*11.4% - 16.6%*)	

Source: Behavioral Risk Factor Surveillance System. Population Estimates: UDOH Office of Public Health Assessment. Estimates are for average of 2005 and 2006 years.

**Age-adjusted to the U.S. 2000 standard population

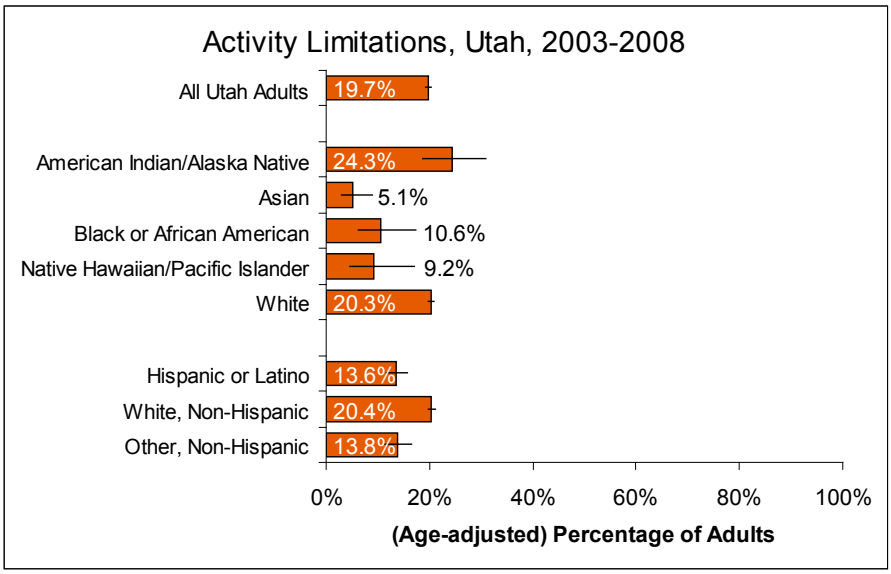
*** The age-adjusted rate for each race/ethnic population has been noted when it was significantly higher (↑) or lower (↓) than the state rate.

Chronic Diseases and Conditions

Activity Limitation

Why Is It Important?

People whose activities are limited due to physical, mental, or emotional problems generally have higher medical costs and are more likely to miss school or work.[105]



How Are We Doing?

- From 2003–2008, 19.7% of Utah adults reported that their activities were limited due to physical, mental, or emotional problems (age-adjusted rate).
- White, non-Hispanic Utahns had significantly higher rates of activity limitation than all Utahns.
- Asian, Black/African American, Native Hawaiian/Pacific Islander and Hispanic/Latino Utahns had significantly lower rates of activity limitation than all Utahns.

How Can We Improve?

Healthy, safe lifestyles help prevent many of the illnesses and injuries that lead to activity limitation. Good chronic disease management can prevent activity limitation in people who are sick. The UDOH, Bureau of Health Promotion supports prevention and disease management for chronic diseases and injuries. The UDOH, Bureau of Health Facility Licensing, Certification and Resident Assessment monitors long-term care facilities for health, treatment, and safety. The Utah Department of Human Services (UDHS), Division of Services for People with Disabilities helps people with intellectual disabilities, cerebral palsy, autism, epilepsy, brain injuries, or loss of limbs to lead self-determined lives. The UDHS, Division of Aging & Adult Services provides people age 60 or older with health promotion, nutrition services such as Meals on Wheels, and services to help seniors with activity limitation continue living in their homes. The UDHS, Division of Substance Abuse and Mental Health ensures that prevention and treatment services for substance abuse and mental health are available statewide. The Utah State Office of Rehabilitation helps people who are visually impaired or hard of hearing to obtain employment and achieve independence.

Percentage of Utah Adults (Age 18 and Over) Who Reported Their Activities Were Limited Due to Physical, Mental, or Emotional Problems, 2003-2008

Race/Ethnicity	Sample Size	Total Adult Population	Number Limited	Crude Rate *(95% CI Range)*	Age-adjusted Rate* *(95% CI Range)*	Sig.**
All Utah Adults	29,733	1,781,429	328,009	18.4% (*17.8%- 19.0%*)	19.7% (*19.1% - 20.2%*)	n/a
American Indian/Alaska Native	340	23,796	4,697	19.7% (*14.8%- 25.8%*)	24.3% (*18.8% - 30.8%*)	
Asian	276	40,656	2,112	5.2% (*2.9%- 9.1%*)	5.1% (*2.9% - 8.8%*)	↓
Black or African American	131	19,213	1,745	9.1% (*5.2%- 15.3%*)	10.6% (*6.2% - 17.4%*)	↓
Native Hawaiian/Pacific Islander	111	12,877	1,239	9.6% (*5.1%- 17.6%*)	9.2% (*4.7% - 17.1%*)	↓
White	27,363	1,684,887	326,352	19.4% (*18.8%- 20.0%*)	20.3% (*19.7% - 20.9%*)	↑
Hispanic or Latino	1,934	176,650	18,191	10.3% (*8.7%- 12.1%*)	13.6% (*11.7% - 15.7%*)	↓
White, Non-Hispanic	26,606	1,517,124	296,638	19.6% (*18.9%- 20.2%*)	20.4% (*19.8% - 21.0%*)	↑
Other, Non-Hispanic	1,035	87,655	10,403	11.9% (*9.7%- 14.5%*)	13.8% (*11.5% - 16.6%*)	↓

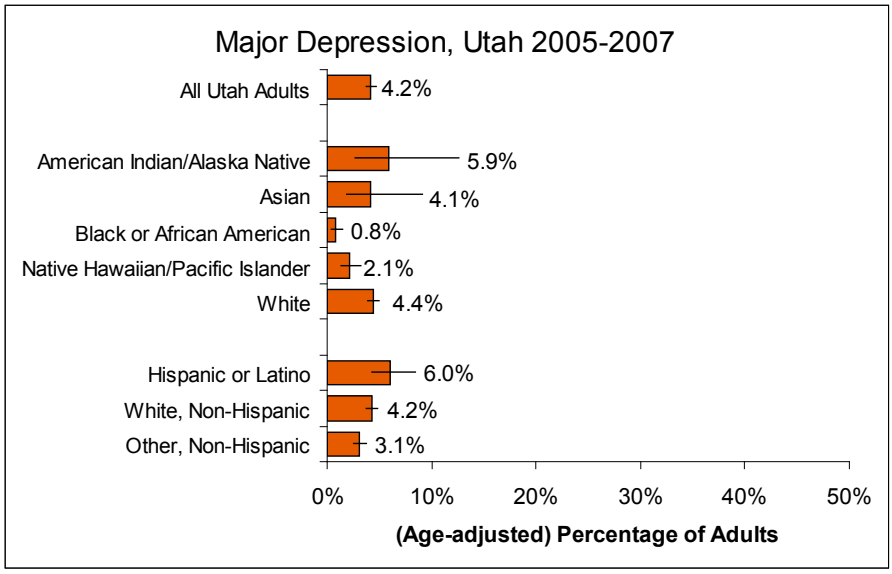
Source: Behavioral Risk Factor Surveillance System. Population Estimates: UDOH Office of Public Health Assessment. Estimates are for average of 2005 and 2006 years.

*Age-adjusted to the U.S. 2000 standard population

** The age-adjusted rate for each race/ethnic population has been noted when it was significantly higher (↑) or lower (↓) than the state rate.

Major Depression

Depression is the third leading cause of disease worldwide and the leading disease in developed countries.[106] Major depression increases risk of alcohol, tobacco and drug-related problems; poor physical health; and suicide. Up to 15% of all people with major depressive disorder die by suicide.[107] The Utah BRFSS includes a validated instrument to diagnose depression: the Patient Health Questionnaire (PHQ-9).



How Are We Doing?

- From 2005–2007, the BRFSS PHQ-9 diagnosed 4.2% of Utah adults with major depression (age-adjusted rate).
- This rate is similar to the U.S. rate of major depression.[108]
- Hispanic/Latino Utahns had a significantly higher rate of major depression than all Utahns.
- Black/African American and Native Hawaiian/Pacific Islander Utahns had significantly lower rates of major depression than all Utahns.

How Can We Improve?

There's no sure way to prevent depression, which is a physical condition of the brain often tied to genetics.[109,129] However, controlling stress, increasing resilience, boosting low self-esteem and establishing social support may help. In addition, treatment at the earliest sign of a problem can help prevent depression from worsening.[129] Even in severe cases, depression is highly treatable. The most common treatments are counseling and medication. Most insurance plans cover depression treatment.[109] The National Suicide Prevention Lifeline at 1-800-SUICIDE (784-2433) or 1-800-273-TALK (273-8255) is available to help people with suicidal thoughts and their friends and loved ones. The Utah Department of Human Services, Division of Substance Abuse and Mental Health contracts with Community Mental Health Centers (CMHC) to provide mental health treatment services to seriously and persistently mentally ill adults and seriously emotionally disturbed children. Private mental health care providers and self-help groups can serve individuals who are experiencing mental health problems but are not eligible for CMHC services.

Percentage of Utah Adults (Age 18 and Over) Who Were Diagnosed With Major Depression, 2005-2007

Race/Ethnicity	Sample Size	Total Adult Population	# With Major Depression	Crude Rate *(95% CI Range)*	Age-adjusted Rate* *(95% CI Range)*	Sig.**
All Utah Adults	13,022	1,781,429	75,354	4.2% (*3.7% - 4.8%*)	4.2% (*3.8% - 4.7%*)	n/a
American Indian/Alaska Native	1,008	23,796	1,304	5.5% (*3.9% - 7.7%*)	5.9% (*2.7% - 12.7%*)	
Asian	934	40,656	1,630	4.0% (*2.7% - 5.9%*)	4.1% (*1.8% - 9.1%*)	
Black or African American	597	19,213	500	2.6% (*1.4% - 4.9%*)	0.8% (*0.4% - 1.5%*)	↓
Native Hawaiian/Pacific Islander	837	12,877	534	4.2% (*2.7% - 6.3%*)	2.1% (*1.4% - 3.2%*)	↓
White	8,628	1,684,887	75,314	4.5% (*3.8% - 5.2%*)	4.4% (*3.9% - 5.0%*)	
Hispanic or Latino	852	176,650	14,432	8.2% (*5.5% - 12.1%*)	6.0% (*4.2% - 8.4%*)	↑
White, Non-Hispanic	8,314	1,517,124	63,568	4.2% (*3.6% - 4.8%*)	4.2% (*3.7% - 4.8%*)	
Other, Non-Hispanic	4,481	87,655	2,682	3.1% (*2.5% - 3.8%*)	3.1% (*2.5% - 3.8%*)	↓

Source: Behavioral Risk Factor Surveillance System. Population Estimates: UDOH Office of Public Health Assessment. Estimates are for average of 2005 and 2006 years.

Note: Major depression was diagnosed using the PHQ-9 module in the BRFSS.

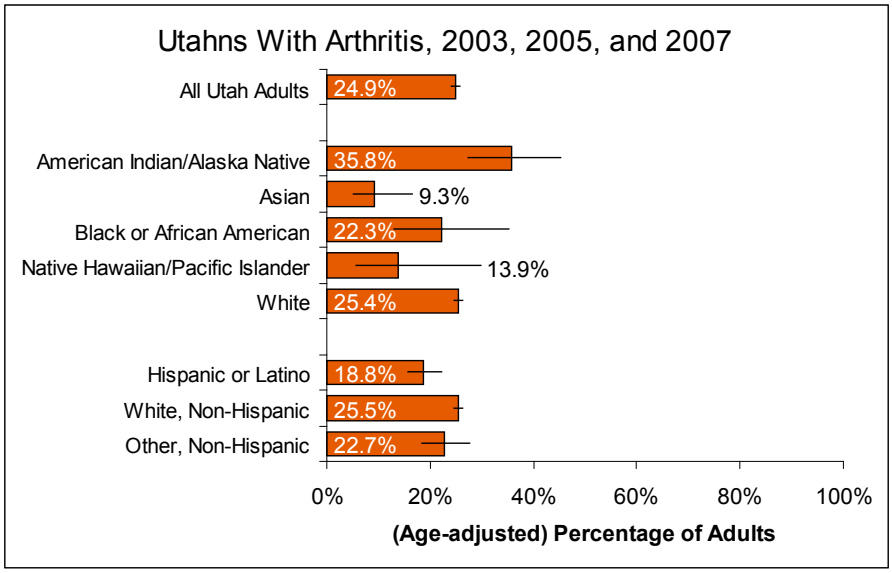
*Age-adjusted to the U.S. 2000 standard population

**The age-adjusted rate for each race/ethnic population has been noted when it was significantly higher (↑) or lower (↓) than the state rate.

Arthritis Prevalence

Why Is It Important?

Arthritis is the leading cause of disability in the U.S. and is associated with activity limitation, work disability, and reduced quality of life.[110] Arthritis is a group of more than 100 chronic degenerative rheumatic diseases and other conditions that cause pain, stiffness, and swelling of joints due to inflammation of joints, the tissues that surround the joints and other connective tissues.



How Are We Doing?

- In 2003, 2005, and 2007, the age-adjusted percentage of Utah adults who reported their doctor or other health care professional had told them they had arthritis was 24.9 percent.
- American Indian/Alaska Native Utahns had a significantly higher rate of arthritis than all Utahns.
- Asian and Hispanic/Latino Utahns had significantly lower rates of arthritis than all Utahns.
- Arthritis prevalence increases with age. In all age categories, women have higher rates of arthritis than men.[110]

How Can We Improve?

People with arthritis can manage their symptoms through regular physical activity, maintaining a healthy weight, and using larger and stronger joints for heavy lifting.[111] The UDOH, Utah Arthritis Program provides information to help individuals with arthritis manage their disease and find resources.

Percentage of Utah Adults (Age 18 and Over) Who Reported Being Diagnosed With Arthritis, 2003, 2005, and 2007

Race/Ethnicity	Sample Size	Total Adult Population	# With Arthritis	Crude Rate *(95% CI Range)*	Age-adjusted Rate* *(95% CI Range)*	Sig.**
All Utah Adults	14,128	1,781,429	396,462	22.3% (*21.4% - 23.1%*)	24.9% (*21.4% - 25.7%*)	n/a
American Indian/Alaska Native	153	23,796	6,561	27.6% (*19.2%- 37.8%*)	35.8% (*27.5% - 45.1%*)	↑
Asian	128	40,656	2,539	6.2% (*3.2%- 11.9%*)	9.3% (*5.0% - 16.6%*)	↓
Black or African American	68	19,213	3,786	19.7% (*9.8%- 35.7%*)	22.3% (*13.1% - 35.2%*)	
Native Hawaiian/Pacific Islander	52	12,877	1,451	11.3% (*4.8%- 24.2%*)	13.9% (*5.8% - 29.9%*)	
White	13,037	1,684,887	395,343	23.5% (*22.6%- 24.4%*)	25.4% (*24.6% - 26.3%*)	
Hispanic or Latino	903	176,650	19,444	11.0% (*8.9%- 13.5%*)	18.8% (*15.7% - 22.2%*)	↓
White, Non-Hispanic	12,682	1,517,124	359,373	23.7% (*22.8%- 24.6%*)	25.5% (*24.6% - 26.3%*)	
Other, Non-Hispanic	483	87,655	14,918	17.0% (*13.3%- 21.6%*)	22.7% (*18.5% - 27.6%*)	

Source: Behavioral Risk Factor Surveillance System. Population Estimates: UDOH Office of Public Health Assessment. Estimates are for average of 2005 and 2006 years.

*Age-adjusted to the U.S. 2000 standard population

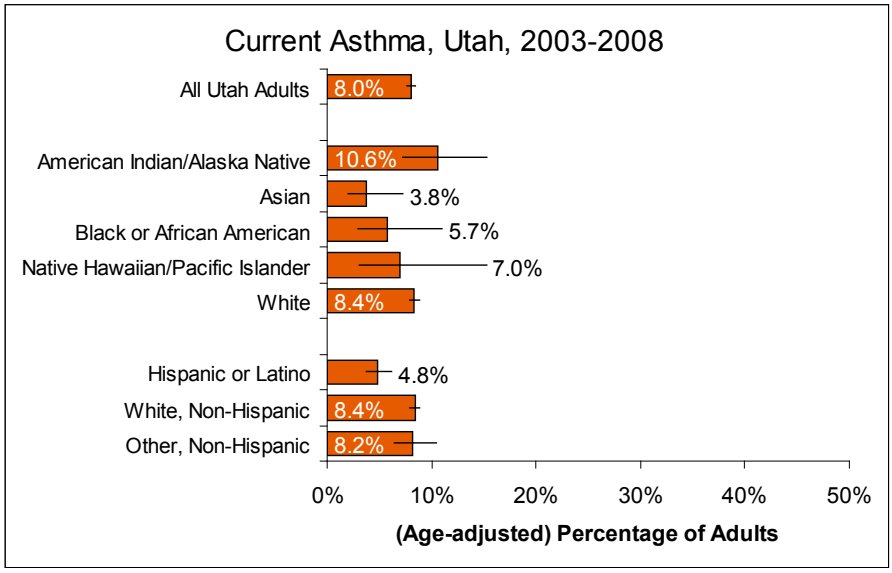
** The age-adjusted rate for each race/ethnic population has been noted when it was significantly higher (↑) or lower (↓) than the state rate.

Contact: UDOH Utah Arthritis Program, 801-538-9458, http://health.utah.gov/arthritis/

Asthma Prevalence

Why Is It Important?

Asthma is a serious personal and public health issue that has far-reaching medical, economic, and psychosocial implications. Asthma-related medical events include emergency department visits, hospitalizations, and deaths.[112]



How Are We Doing?

- From 2003-2008, 8% of Utah adults reported that they currently had asthma (age-adjusted rate).
- Asian and Hispanic/Latino Utahns had significantly lower age-adjusted rates of current asthma than all Utahns.
- From 2003-2008, 12.8% of Utah adults reported that they had ever been diagnosed with asthma during their lifetime (age-adjusted rate). (Behavioral Risk Factor Surveillance System, 2003-2008)
- American Indian/Alaska Native Utahns had a significantly higher age-adjusted rate of lifetime asthma (17.1%) than all Utahns and Hispanic/Latino Utahns had a significantly lower age-adjusted rate of lifetime asthma (9.0%) than all Utahns. (Behavioral Risk Factor Surveillance System, 2003-2008)

How Can We Improve?

Persons with asthma should partner with their doctors to develop and maintain an asthma action plan. This plan helps them to properly take medicines, identify asthma triggers, and manage the disease if asthma symptoms worsen. People with asthma should avoid triggers like secondhand smoke, dust mites, mold, cockroaches and other pests, household pets, and combustion byproducts in air.[124] The UDOH, Asthma Program provides tools and resources to assist people with asthma management, encourages appropriate health care for people with asthma, identifies asthma risk factors, and promotes strategies to reduce those risks in Utah. The Utah Department of Environmental Quality keeps trak of local air quality across the state through its daily Air Quality Index, which measures levels of five major air pollutants.

Percentage of Utah Adults (Age 18 and Over) Who Reported They Have Current Asthma, 2003-2008

Race/Ethnicity	Sample Size	Total Adult Population	Number with Asthma	Crude Rate *(95% CI Range)*	Age-adjusted Rate* *(95% CI Range)*	Sig.**
All Utah Adults	29,795	1,781,429	143,623	8.1% (*7.6%- 8.5%*)	8.0% (*7.6%- 8.4%*)	n/a
American Indian/Alaska Native	344	23,796	2,167	9.1% (*6.1%- 13.4%*)	10.6% (*7.2%- 15.2%*)	
Asian	278	40,656	1,409	3.5% (*1.8%- 6.7%*)	3.8% (*1.9%- 7.3%*)	↓
Black or African American	130	19,213	929	4.8% (*2.3%- 9.7%*)	5.7% (*2.9%- 11.0%*)	
Native Hawaiian/Pacific Islander	112	12,877	1,090	8.5% (*3.2%- 20.8%*)	7.0% (*3.0%- 15.3%*)	
White	27,409	1,684,887	141,775	8.4% (*8.0%- 8.9%*)	8.4% (*7.9%- 8.8%*)	
Hispanic or Latino	1,950	176,650	7,727	4.4% (*3.4%- 5.6%*)	4.8% (*3.8%- 6.1%*)	↓
White, Non-Hispanic	26,649	1,517,124	128,409	8.5% (*8.0%- 8.9%*)	8.4% (*8.0%- 8.9%*)	
Other, Non-Hispanic	1,037	87,655	6,822	7.8% (*5.9%- 10.2%*)	8.2% (*6.4%- 10.5%*)	

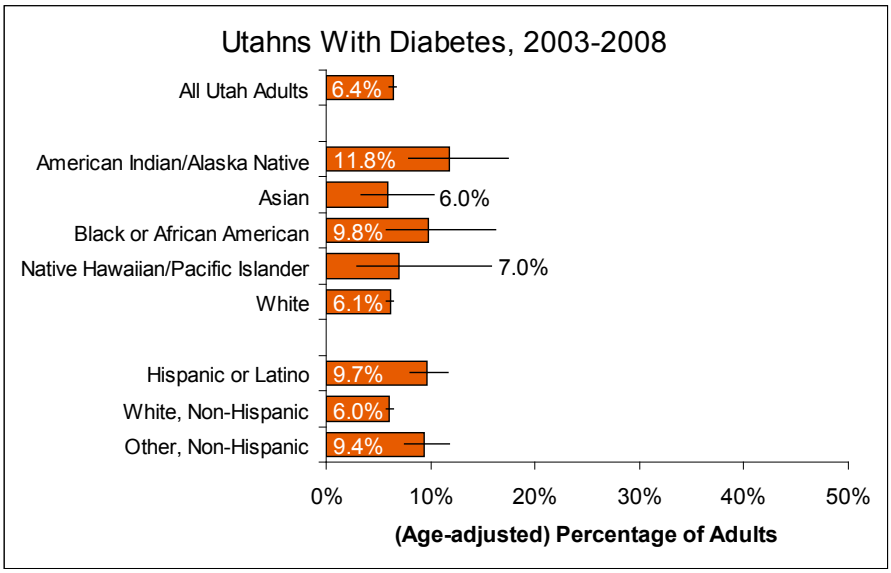
Source: Behavioral Risk Factor Surveillance System. Population Estimates: UDOH Office of Public Health Assessment. Estimates are for average of 2005 and 2006 years.

*Age-adjusted to the U.S. 2000 standard population

** The age-adjusted rate for each race/ethnic population has been noted when it was significantly higher (↑) or lower (↓) than the state rate.

Diabetes Prevalence

Why Is It Important?
Diabetes is the leading cause of Non-traumatic lower-extremity amputation and renal failure. It is also the leading cause of blindness among adults younger than age 75. It is one of the leading causes of heart disease. Diabetes places enormous burden on the health care system.[113]



How Are We Doing?

- From2003-2008, 6.4% of Utah adults reported that they had been diagnosed with diabetes by a doctor (age-adjusted rate).
- The Utah diabetes rate for adults is lower than the U.S. rate.[113]
- American Indian/Alaskan Native and Hispanic/Latino Utahns have significantly higher rates of adults with diabetes than the Utah population overall.
- The prevalence of diabetes has risen steadily in both Utah and the U.S. over the past decade. This increase has been augmented by factors like the increasing prevalence of obesity, improved medical care extending longevity of people with diabetes, and improved screening to detect diabetes.[113]

How Can We Improve?
The risk for developing diabetes can be reduced by maintaining a healthy weight through physical activity and healthy eating.[114] The UDOH, Diabetes Prevention and Control Program (DPCP) works to increase public awareness of the warning signs, symptoms, and risk factors for developing diabetes and encourages screening. The DPCP produces media campaigns focusing on diabetes management. The DPCP has developed a manual for health care providers to assist in treatment decisions for their patients. The DPCP also has manuals for self-care in a number of languages and it works closely with community health centers and community-based organizations to provide support and culturally appropriate education for providers and lay people who work with minority racial and ethnic populations. More efforts need to be made to link Non-English-speaking, uninsured and low-income people with diabetes with available resources.

Percentage of Utah Adults (Age 18 and Over) Who Reported Being Diagnosed With Diabetes, 2003-2008

Race/Ethnicity	Sample Size	Total Adult Population	# With Diabetes	Crude Rate *(95% CI Range)*	Age-adjusted Rate* *(95% CI Range)*	Sig.**
All Utah Adults	29,955	1,781,429	100,251	5.6% (*5.3%- 5.9%*)	6.4% (*6.1% - 6.7%*)	n/a
American Indian/Alaska Native	344	23,796	2,189	9.2% (*5.9%- 14.0%*)	11.8% (*7.9% - 17.4%*)	↑
Asian	281	40,656	1,366	3.4% (*1.9%- 6.0%*)	6.0% (*3.4% - 10.3%*)	
Black or African American	132	19,213	1,480	7.7% (*4.2%- 13.6%*)	9.8% (*5.7% - 16.2%*)	
Native Hawaiian/Pacific Islander	112	12,877	606	4.7% (*1.6%- 12.7%*)	7.0% (*2.9% - 15.8%*)	
White	27,557	1,684,887	93,790	5.6% (*5.3%- 5.9%*)	6.1% (*5.8% - 6.4%*)	
Hispanic or Latino	1,952	176,650	9,737	5.5% (*4.4%- 6.9%*)	9.7% (*8.0% - 11.7%*)	↑
White, Non-Hispanic	26,795	1,517,124	84,457	5.6% (*5.3%- 5.9%*)	6.0% (*5.7% - 6.4%*)	
Other, Non-Hispanic	1,049	87,655	5,914	6.7% (*5.2%- 8.7%*)	9.4% (*7.4% - 11.8%*)	↑

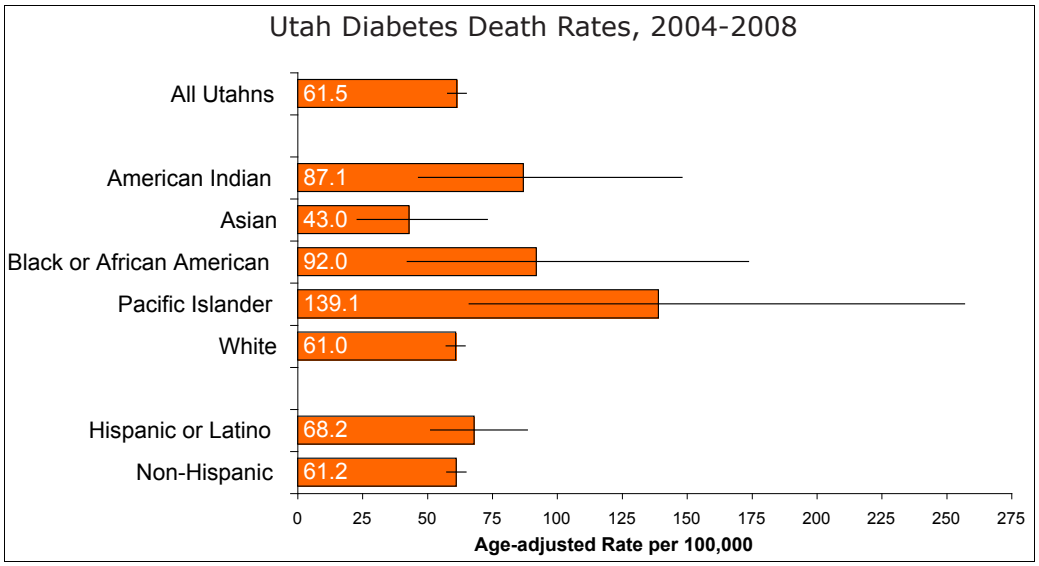
Source: Behavioral Risk Factor Surveillance System. Population Estimates: UDOH Office of Public Health Assessment. Estimates are for average of 2005 and 2006 years.

*Age-adjusted to the U.S. 2000 standard population

** The age-adjusted rate for each race/ethnic population has been noted when it was significantly higher (↑) or lower (↓) than the state rate.

Diabetes Deaths

Why Is It Important?
More than 1,000 Utahns with diabetes die every year. A number of studies have shown that improvements in care to control blood pressure, blood glucose, and blood cholesterol levels can reduce the risk of diabetes complications, and diabetes deaths could be reduced by as much as 30 percent.[114]



How Are We Doing?

- From 2004–2008, the age-adjusted Utah diabetes death rate was 61.5 per 100,000 population.
- Native Hawaiian/Pacific Islander Utahns had a significantly higher rate of diabetes death than all Utahns.
- The highest death rate was seen for Native Hawaiians/Pacific Islanders, while Asians had the lowest death rates from diabetes.

How Can We Improve?
Diabetes death rates could be reduced with aggressive management techniques, including regular routine checkups, regular screening for complications, consistent self-monitoring of blood sugar, regular physical activity, maintaining a healthy weight, and abstaining from tobacco use. Access to care, medications and supplies are critical for proper diabetes management, yet tremendous disparities exist. Members of disadvantaged populations (e.g., low income, uninsured, racial or ethnic minority) are often not diagnosed with diabetes until irreversible complications have already developed. The National Diabetes Education Program provides educational materials appropriate for people from a variety of populations.

Utah Diabetes Deaths, 2004-2008

Race/Ethnicity	Average Annual Deaths	Total Population	Crude Rate/100,000 *(95% CI Range)*	Age-adjusted Rate* *(95% CI Range)*	Sig.**
All Utahns	1,139	2,615,129	43.5 (*41.0- 46.1*)	61.5 (*57.9 - 65.2*)	n/a
American Indian/Alaska Native	15	37,002	40.5 (*22.7- 66.9*)	87.1 (*46.7 - 148.2*)	
Asian	14	56,736	24.3 (*13.2- 41.0*)	43.0 (*23.1 - 73.2*)	
Black or African American	11	33,663	33.3 (*16.7- 59.2*)	92.0 (*42.4 - 173.8*)	
Native Hawaiian/Pacific Islander	11	21,538	52.9 (*26.8- 93.8*)	139.1 (*66.3 - 257.0*)	↑
White	1,087	2,466,190	44.1 (*41.5- 46.8*)	61.0 (*57.4 - 64.7*)	
Hispanic or Latino	61	294,552	20.8 (*16.0- 26.8*)	68.2 (*51.4 - 88.7*)	
Non-Hispanic	1,077	2,320,577	46.4 (*43.7- 49.3*)	61.2 (*57.6 - 65.0*)	

Source: Utah Death Certificate Database. Population Estimates: UDOH Office of Public Health Assessment. Estimates are for 2006 year.

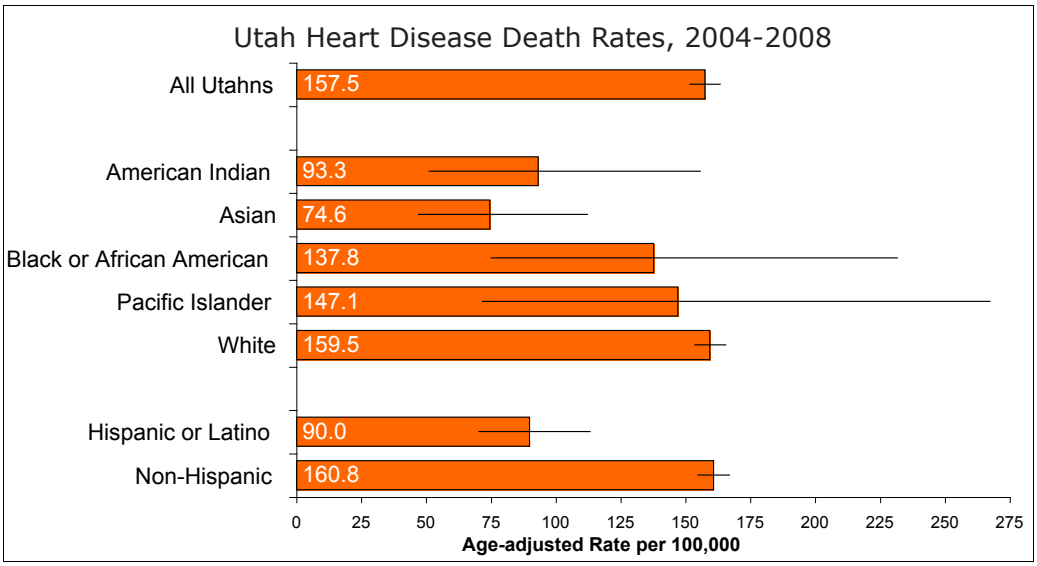
*Age-adjusted to the U.S. 2000 standard population

** The age-adjusted rate for each race/ethnic population has been noted when it was significantly higher (↑) or lower (↓) than the state rate.

ICD10 Codes: E10-E14 as underlying or contributing causes

Heart Disease Deaths

Why Is It Important?
Heart disease is the leading cause of death in Utah.[29] Heart disease is a general term that includes coronary heart disease, rheumatic heart disease, hypertension, heart failure, and other heart conditions. The most common form of heart disease is coronary heart disease.[115]



How Are We Doing?
- From 2004–2008, the age-adjusted Utah heart disease death rate was 157.5 per 100,000 population.
- The Utah heart disease death rate is lower than the U.S. rate.[115]
- In both Utah and the U.S., death rates from heart disease have been falling over the past 10 years.[115]
- American Indian/Alaska Native, Asian, and Hispanic/Latino Utahns had a significantly lower rate of heart disease death than all Utahns.

How Can We Improve?
Quitting smoking, maintaining a healthy weight, regular physical activity, and regular screening for high blood pressure and cholesterol can help prevent heart disease. Preventing or controlling high blood pressure, high blood cholesterol, and diabetes can help lower the risk of developing heart disease. Deaths from heart disease may be prevented by seeking medical help immediately in the event of a heart attack. Individuals should know the warning signs of a heart attack and call for emergency medical transport so that prompt medical treatment (on the way to the hospital) may be given.[55] The UDOH, Heart Disease and Stroke Prevention Program (HDSPP) works with health care providers, insurance companies, and employers to improve cholesterol, blood pressure, and heart disease screening and control. The HDSPP sponsors public awareness campaigns about topics like healthy lifestyles and the signs and symptoms of a heart attack.

Utah Heart Disease Deaths, 2004-2008

Race/Ethnicity	Average Annual Deaths	Total Population	Crude Rate/100,000 *(95% CI Range)*	Age-adjusted Rate* *(95% CI Range)*	Sig.**
All Utahns	2,880	2,615,129	110.1 (*106.2- 114.2*)	157.5 (*151.8- 163.4*)	n/a
American Indian/Alaska Native	16	37,002	43.8 (*25.1- 70.9*)	93.3 (*51.3- 155.8*)	↓
Asian	24	56,736	41.9 (*26.8- 62.5*)	74.6 (*47.2- 112.2*)	↓
Black or African American	17	33,663	49.9 (*29.0- 80.1*)	137.8 (*75.1- 231.7*)	
Native Hawaiian/Pacific Islander	12	21,538	56.6 (*29.5- 98.5*)	147.1 (*71.8- 267.4*)	
White	2,811	2,466,190	114.0 (*109.8- 118.3*)	159.5 (*153.6- 165.5*)	
Hispanic or Latino	81	294,552	27.6 (*21.9- 34.3*)	90.0 (*70.4- 113.2*)	↓
Non-Hispanic	2,799	2,320,577	120.6 (*116.2- 125.2*)	160.8 (*154.9- 166.9*)	

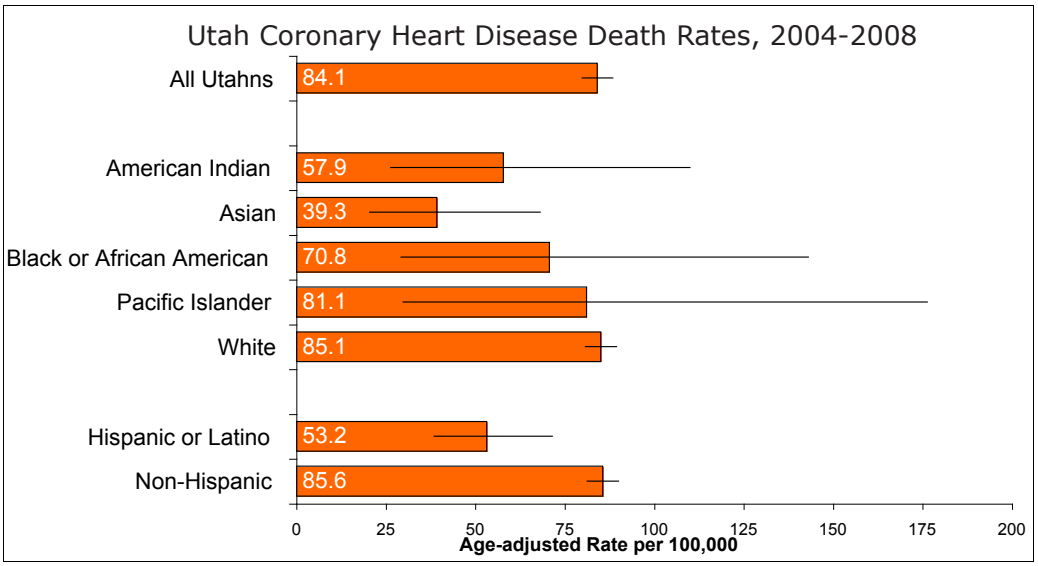
Source: Utah Death Certificate Database. Population Estimates: UDOH Office of Public Health Assessment. Estimates are for 2006 year.

*Age-adjusted to the U.S. 2000 standard population
** The age-adjusted rate for each race/ethnic population has been noted when it was significantly higher (↑) or lower (↓) than the state rate.

ICD10 Codes: I00-I09, I11, I13, I20-I51

Coronary Heart Disease Deaths

Why Is It Important?
Coronary heart disease, or coronary artery disease, is a condition in which coronary arteries become narrowed or clogged, blood flow to the heart is reduced, and an inadequate amount of blood oxygen reaches the heart. The part of the heart not receiving oxygen begins to die. Prevention of coronary heart disease is key to reducing mortality from heart disease.[116]



How Are We Doing?
- From 2004–2008, the age-adjusted Utah coronary heart disease death rate was 84.1 per 100,000 population.
- The Utah coronary heart disease death rate is lower than the U.S. rate.[116]
- In both Utah and the U.S., death rates from coronary heart disease have been falling over the past 25 years.[116]
- Asian and Hispanic/Latino Utahns had a significantly lower rate of coronary heart disease death than all Utahns.

How Can We Improve?
Quitting smoking, maintaining a healthy weight, regular physical activity, and regular screening for high blood pressure and cholesterol can help prevent coronary heart disease. Preventing or controlling high blood pressure, high blood cholesterol, and diabetes can help lower the risk of developing heart disease. Deaths from coronary heart disease may be prevented by seeking medical help immediately in the event of a heart attack. Individuals should know the warning signs of a heart attack and call for emergency medical transport so that prompt medical treatment (on the way to the hospital) may be given.[55] The UDOH, Heart Disease and Stroke Prevention Program (HDSPP) works with health care providers, insurance companies and employers to improve cholesterol, blood pressure, and heart disease screening and control. The HDSPP sponsors public awareness campaigns about the signs and symptoms of a heart attack.

Utah Coronary Heart Disease Deaths, 2004-2008

Race/Ethnicity	Average Annual Deaths	Total Population	Crude Rate/100,000 *(95% CI Range)*	Age-adjusted Rate* *(95% CI Range)*	Sig.**
All Utahns	1,548	2,615,129	59.2 (*56.3- 62.2*)	84.1 (*79.9- 88.4*)	n/a
American Indian/Alaska Native	10	37,002	27.0 (*13.0- 49.7*)	57.9 (*26.4- 110.1*)	
Asian	13	56,736	22.9 (*12.2- 39.2*)	39.3 (*20.5- 68.2*)	↓
Black or African American	9	33,663	26.7 (*12.2- 50.8*)	70.8 (*29.3- 143.1*)	
Native Hawaiian/Pacific Islander	7	21,538	33.4 (*13.7- 68.2*)	81.1 (*29.9- 176.3*)	
White	1,509	2,466,190	61.2 (*58.1- 64.4*)	85.1 (*80.8- 89.5*)	
Hispanic or Latino	49	294,552	16.5 (*12.2- 21.8*)	53.2 (*38.5- 71.6*)	↓
Non-Hispanic	1,500	2,320,577	64.6 (*61.4- 68.0*)	85.6 (*81.3- 90.1*)	

Source: Utah Death Certificate Database. Population Estimates: UDOH Office of Public Health Assessment. Estimates are for 2006 year.

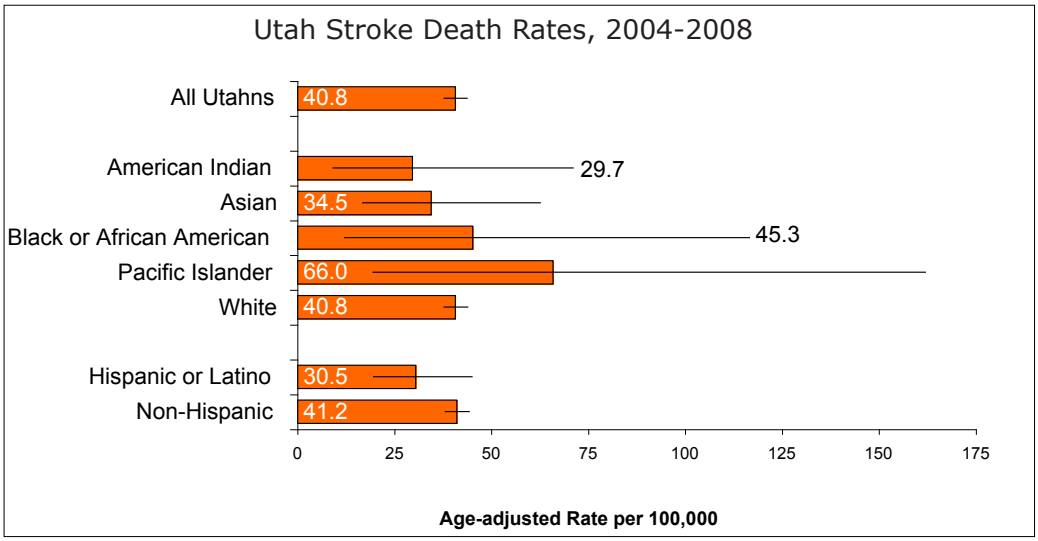
*Age-adjusted to the U.S. 2000 standard population

** The age-adjusted rate for each race/ethnic population has been noted when it was significantly higher (↑) or lower (↓) than the state rate.

ICD10 Codes: I11, I20-I25

Stroke Deaths

Why Is It Important?
Stroke is the third leading cause of death in the United States and Utah. Among survivors, stroke can cause significant disability, including paralysis and speech and emotional problems.[29,52]



How Are We Doing?

- Utah's age-adjusted stroke death rate was 40.8 per 100,000 population from 2004 to 2008.
- There were no statistically significant differences in stroke death rates by race and ethnicity.

How Can We Improve?
Calling 911 immediately after recognizing signs of a stroke can save a life. Treatments may also help stop brain damage and disability if administered within three hours of the first sign of a stroke.[29] Reduce risk for stroke by not smoking, maintaining a healthy weight, getting physical activity and controlling high blood pressure and cholesterol.[117] The UDOH, Heart Disease and Stroke Prevention Program (HDSPP) is working to educate the public on the signs and symptoms of stroke, using TV, radio and print ads. In 2009, the HDSPP created a Spanish-language website about stroke, http://tucorazon.health.utah.gov. The HDSPP encourages Utah hospitals to participate in the American Heart Association 'Get with the Guidelines for Stroke' Program to enhance quality of care for stroke patients.

Utah Stroke Deaths, 2004-2008

Race/Ethnicity	Average Annual Deaths	Total Population	Crude Rate/100,000 *(95% CI Range)*	Age-adjusted Rate* *(95% CI Range)*	Sig.**
All Utahns	735	2,615,129	28.1 (*26.1- 30.2*)	40.8 (*37.9 - 43.9*)	n/a
American Indian/Alaska Native	5	37,002	14.6 (*5.0- 33.0*)	29.7 (*9.2 - 71.2*)	
Asian	11	56,736	19.0 (*9.4- 34.2*)	34.5 (*16.9 - 62.7*)	
Black or African American	4	33,663	12.5 (*3.5- 31.3*)	45.3 (*12.2 - 116.6*)	
Native Hawaiian/Pacific Islander	5	21,538	23.2 (*7.5- 54.2*)	66.0 (*19.5 - 162.0*)	
White	710	2,466,190	28.8 (*26.7- 31.0*)	40.8 (*37.9 - 43.9*)	
Hispanic or Latino	29	294,552	9.7 (*6.5- 14.0*)	30.5 (*19.7 - 45.1*)	
Non-Hispanic	707	2,320,577	30.4 (*28.2- 32.8*)	41.2 (*38.2 - 44.3*)	

Source: Utah Death Certificate Database. Population Estimates: UDOH Office of Public Health Assessment. Estimates are for 2006 year.

*Age-adjusted to the U.S. 2000 standard population

** The age-adjusted rate for each race/ethnic population has been noted when it was significantly higher (↑) or lower (↓) than the state rate.

ICD10 Codes: I60-I69